

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736702**

1. Entity Name

TRINITY EVANGELICAL LUTHERAN CHURCH OF ENGLEWOOD

Principal Place of Business

**2222 ENGLEWOOD ROAD
ENGLEWOOD FL 34223-6316
US**

Mailing Address

**2222 ENGLEWOOD ROAD
ENGLEWOOD FL 34223-6316
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1613551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMENS, RICHARD
1846 NEPTUNE DRIVE
ENGLEWOOD FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHOLES, KEN
210 BROADMOOR LN
ROTONDA WEST FL 33947** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARFKNECHT, BURCHARD
658 BIRD BAY CIR
VENICE FL 34292** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CLEMENS, RICHARD
547 BOUNDARY BLVD
ROTONDA WEST FL 33947** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
ROY, MARIELE
1403 BEACON DR
PORT CHARLOTTE FL 33952** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Minister
MARTIN, LEROY
1403 BEACON DR
Port Charlotte, FL 33952** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard U. Clemens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED
Jan 29, 2001 8:00 am
Secretary of State**

01-29-2001 90037 048 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)